

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSSTATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18116

State File No.

Registrar's No. 265

FILED MAY 27 1943

Registration District No. 56

Primary Registration District No. 2011

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 217 1/2 Main st
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 60 years (Specify whether
In this community years, months or days)

3. (a) PRINT

FULL NAME John J Hibbs.

3. (b) If veteran,

name war

3. (c) Social Security

No.

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married. 2 divorced Widowed
6. (b) Name of husband or wife. 6. (c) Age of husband or wife if
Nellie alive. years
7. Birth date of deceased. October 12th 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 6 26 hr. min.

9. Birthplace. Stoutland Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation. Driller

11. Industry or business. Driller

12. Name. Rev. J. M. Hibbs

13. Birthplace. Indiana.
(City, town, or county) (State or foreign country)

14. Maiden name. Nancy Skaggs

15. Birthplace. Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant. Mrs. John Holman

(b) Address. 217 1/2 Main street

17. (a) Burial (b) Date thereof. 5-10-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Forrest Park cemetery

18. (a) Signature of funeral director. Hurlbut Und. Co

(b) Address. Joplin Mo

19. (a) 5-10-43 (b) Gustave Lindhorster
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. 217 1/2 Main st.
(If rural, give location)
(e) Citizen of Missouri or other country Yes (Yes or No)
If yes, name country United States.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 8
year 1943 hour II minute P M.

21. I hereby certify that I attended the deceased on April 22
1943 to May 8 1943
that I last saw him on May 7 1943
and that death occurred on the date and hour stated above.

Immediate cause of death. (Cancer involvement
involving throat
Mouth also chest)

Due to. (Cancer involvement
involving throat
Mouth also chest)

Other conditions. (Cancer involvement
involving throat
Mouth also chest)

Major findings: Of operations

Of autopsy.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place)

White at work? Means of injury

23. Signature. (M. or other) 5/11/43
Address. Joplin Mo

48-5-448

Ed. 200

to install stone

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

Henry T. Dahlberg

Licensed Embalmer No.

959

P. O. Address.....

Spencer Hill

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.